

CANCER PATIENT DIAGNOSIS EXPERIENCE AND CARE QUALITY

Syeda OWAIS¹, Gaston ARNOLDA¹, Klay LAMPRELL¹, Romika PATEL¹, Jeffrey BRAITHWAITE¹

¹Australian Institute of Health Innovation , Macquarie University, Sydney, Australia

INTRODUCTION

- Patient experience is central to quality, alongside safety and care effectiveness.^[1] Cancer Patient Experience Surveys (CPESs) conducted in England since 2010.
- Methodologically, three approaches have been proposed to assess patient satisfaction: 1) a global measure; 2) a measure for each aspect of care; and 3) a composite derived from (2).^[2]
- Having needs met in the early stages of the cancer journey are important to satisfaction.^[3]

AIM: To explore the relationship between diagnosis-related experiences and overall care rating for colorectal cancer patients in England, in 2018.

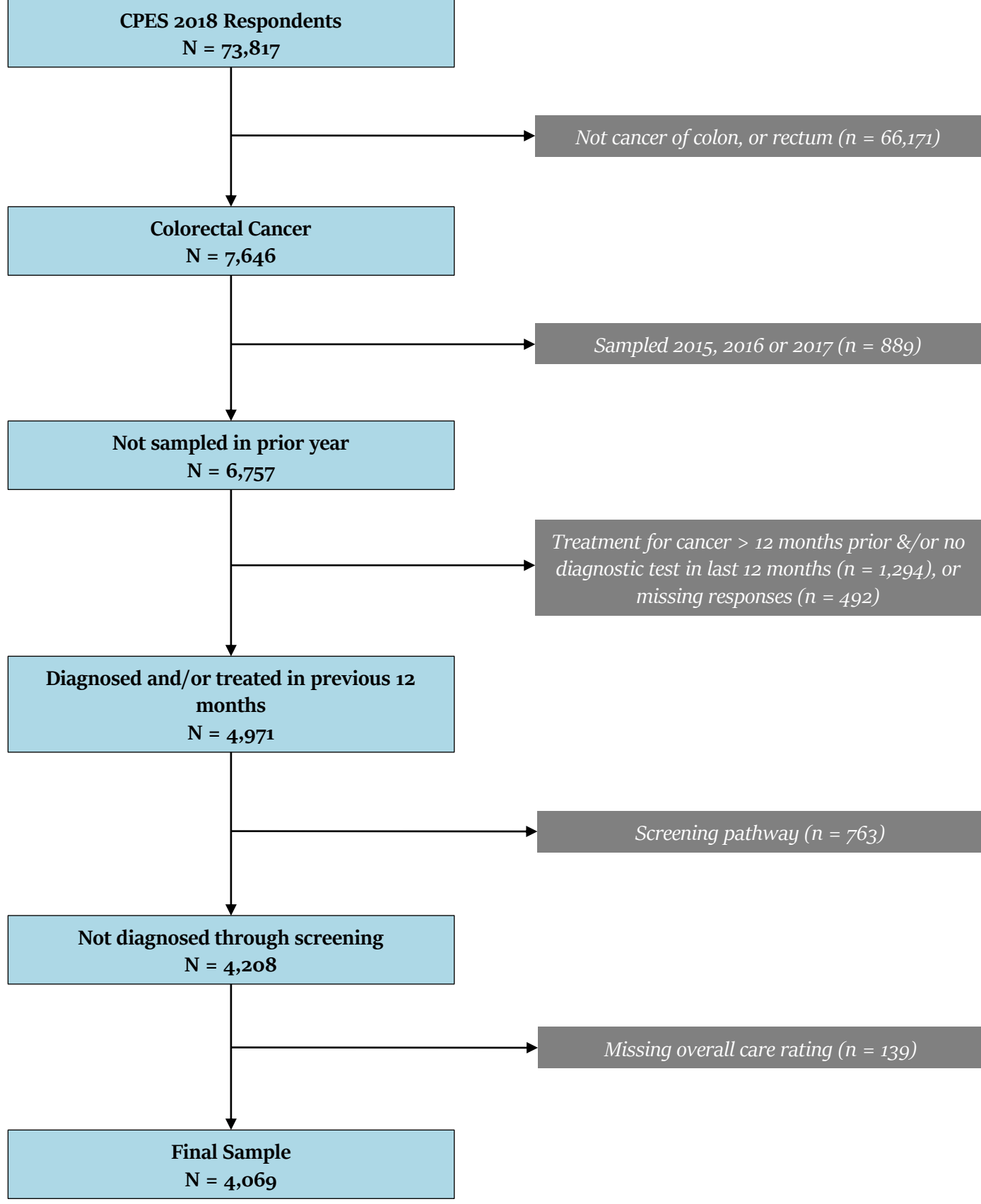
METHODS

Outcome: Overall care rating [‘Negative’ = Score < 8/10]

Predictors:

- Primary analysis: 6 questions about diagnostic experiences
- Secondary analysis: 3 additional questions
- NHS defined responses: Non-informative / Negative / Positive

Sample derivation:



DIAGNOSIS-RELATED QUESTIONS

[Question numbers as per CPES 2018]

Primary

- Q1. Number of pre-referral GP visits
- Q5. Enough information about test
- Q7. Understood explanation of test result
- Q8. Told could bring support person to cancer revelation
- Q10. Understood explanation of the diagnosis
- Q11. Received information about your cancer

Secondary [additional]

- Q2. Feel about wait for referral
- Q6. Feel about wait for test
- Q9. Feel about way told about cancer

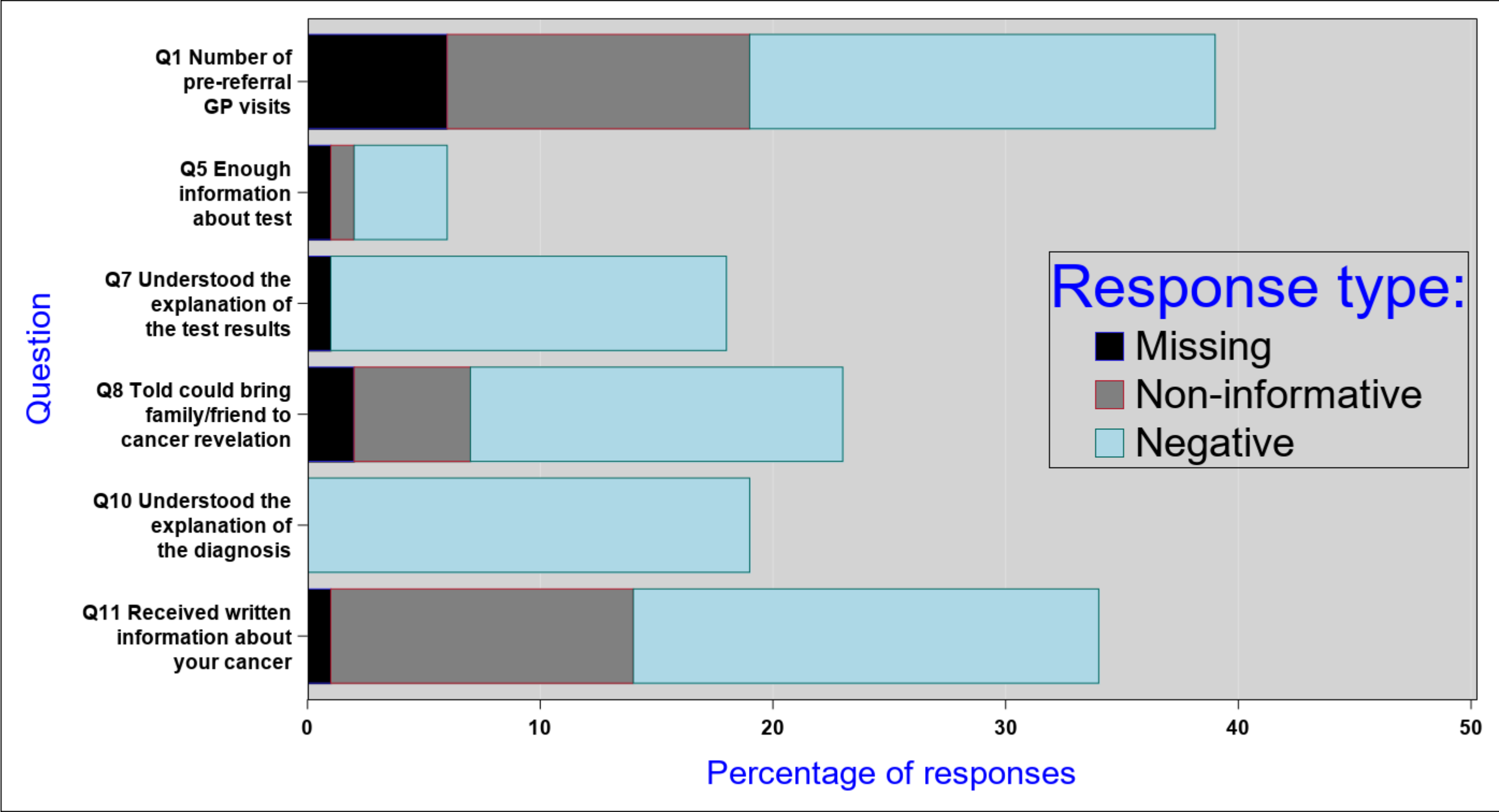
ANALYSIS:

- Logistic regression
- Models control for potential confounding by:
 - Age-group (<55, 55-64, 65-74, 75+)
 - Sex
 - Ethnic group (white British vs other)
- Individual questions retained as predictors in multivariable model if p<0.05 for BOTH:
 - The question was a predictor overall; and
 - % Negative vs % Positive was a predictor

RESULTS

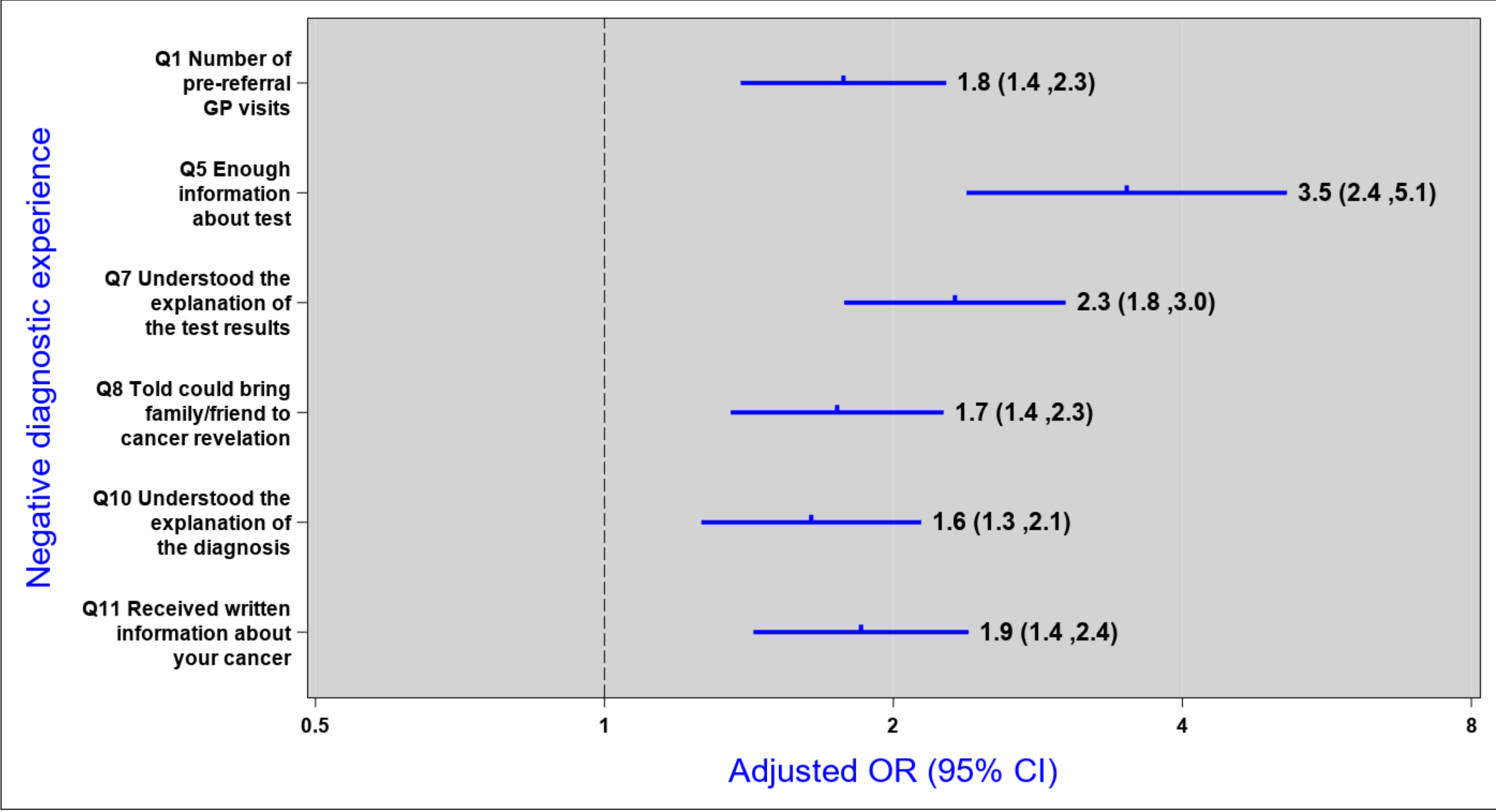
Percent with negative experiences

- 4% have insufficient information about their test;
- 18-22% have -ve experiences for other questions



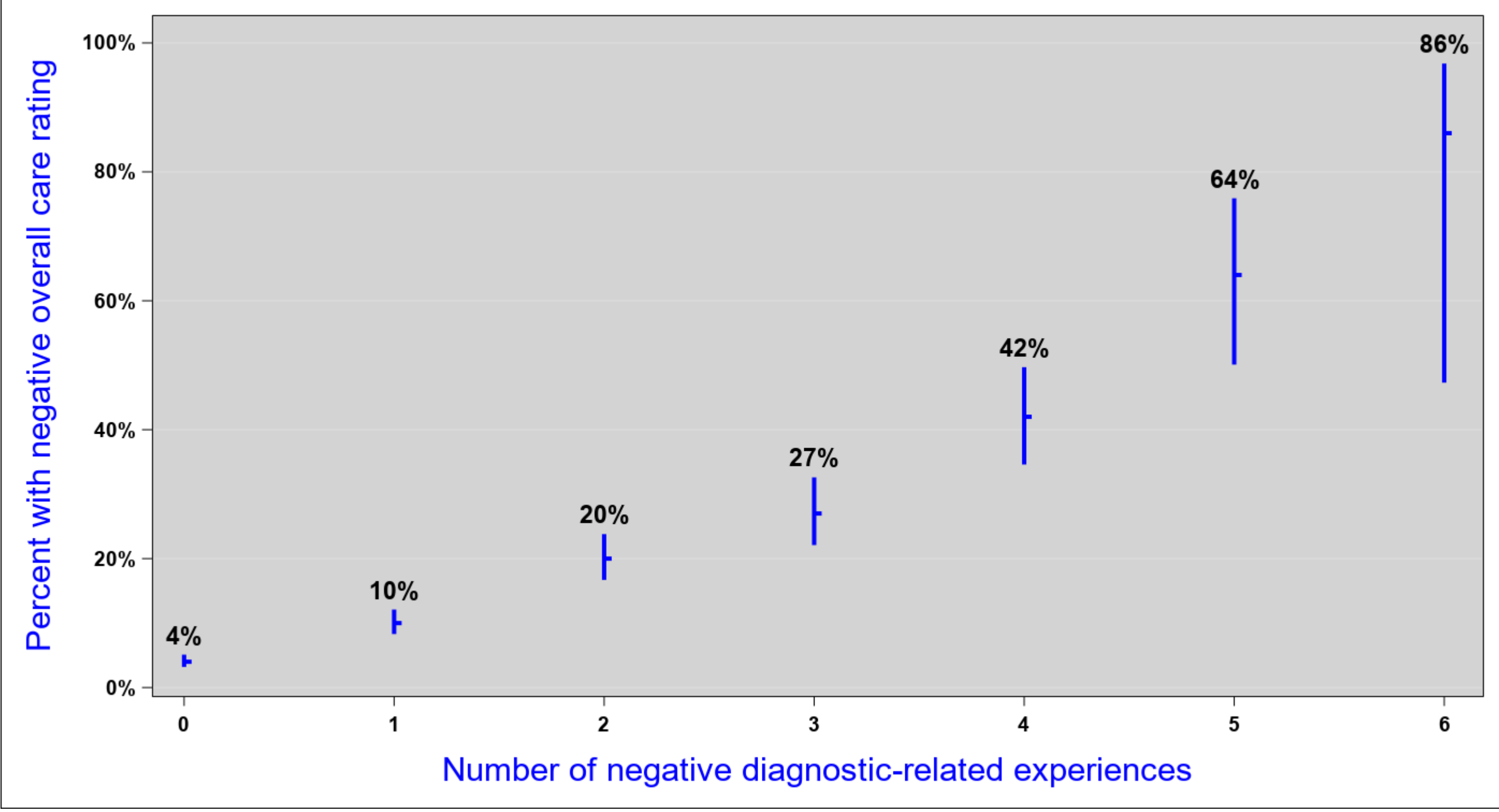
ORs of -ve experiences as predictors of -ve care rating

- All six experiences significant (OR range: 1.64-3.50)



Composite rating

- Those with no negative experiences have 4% poor overall rating vs 86% for those with all six



Secondary analysis

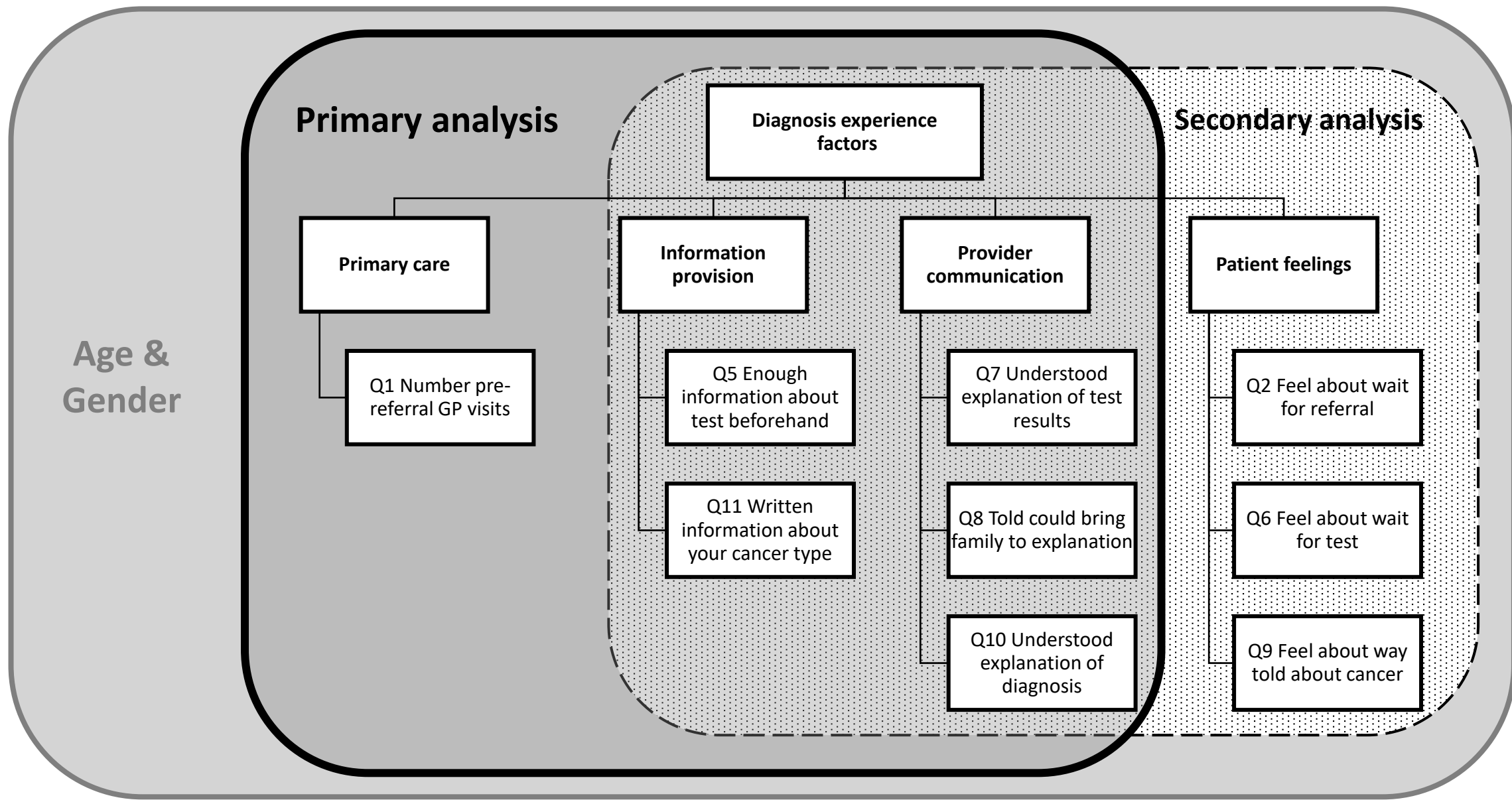
- Adding three ‘feelings’ question showed similar results, with 8 of 9 questions significant predictors;
 - ‘Feel about wait for test’ (OR=2.0) replaced ‘No. GP visits’
 - ‘Feel about wait for test’ & ‘Feel about way told about cancer’ both independent predictors (ORs 1.9 & 1.6)

CONCLUSIONS

- For CRC patients, after controlling for age and gender all -ve diagnosis related experiences are important
 - Prioritise what is easiest to improve
- Ideally, RCTs of interventions to reduce rates of negative experiences
 - Compare rates of (1) -ve experiences; and (2) poor overall ratings of care

Limitations:

1. Self-selected respondents (64% response rate overall)
2. Ethnicity very broad categorisation. No data on socio-economic status or cancer stage



REFERENCES:

1. Darzi, A., High quality care for all: NHS Next Stage Review final report, 2008, in London: Department of Health. 2008.
2. Locker, D. and D. Dunt, Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. Social Science & Medicine, 1978. 12: p. 283-292.
3. Tran, Y., et al., What information do patients want across their cancer journeys? A network analysis of cancer patients' information needs. Cancer Medicine, 2019. 8(1): p. 155-164.

CONTACT INFORMATION
Dr Gaston Arnolda
Senior Research Fellow
Macquarie University
gaston.arnolda@mq.edu.au



MACQUARIE
University

AUSTRALIAN INSTITUTE
OF HEALTH INNOVATION